



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

May 4, 2005

In re Patent of: Simpson
U.S. Patent No.: 6,883,479
Filed: July 15, 2003
Issued: April 26, 2005
Attorney Docket No.: BW-DKT00047A

PETITION UNDER 37 CFR 1.183

Mail Stop: Petitions
COMMISSIONER OF PATENTS
P.O. Box 1450
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Applicant hereby requests that the requirements of 37 CFR 3.81 (a) be waived, to permit the correct name of the Assignee to be provided after issuance of the patent.

The failure to include the correct spelling of the name of the Assignee was inadvertent. The Assignee name was inadvertently misspelled on the PTOL-85B fee transmittal form.

Please correct the name of the Assignee to the following:

BorgWarner Inc.

The following information is also being included with this petition:

- 1) The petition fee as set forth in 37 CFR 1.17(f);
- 2) A copy of the Notice of Recordation of the Assignment; and
- 3) A copy of the paperwork requesting a Certificate of Correction.

Void date: 05/11/2005 EFLORES 00000087 020910 10619693 20
05/11/2005 EFLORES 00000129 020910 6883479
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Adjustment date: 09/20/2005 AKELLEY
05/11/2005 EFLORES 00000129 020910 6883479
01 FC:1462 400.00 CR

09/20/2005 AKELLEY 00000008 020910 6883479

01 FC:1808 130.00 DA

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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9/16/05</u>		2 Serial/Patent # <u>6,883,479</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
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8 TO BE REFUNDED BY:											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): </div> <div style="width: 50%;"> <input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr><td>0</td><td>2</td><td>--</td><td>0</td><td>9</td><td>1</td><td>0</td></tr> </table> </div> </div>					0	2	--	0	9	1	0
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11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E Shurene Willis</u>			TITLE: <u>Pet Atty</u>								
SIGNATURE: <u>E Shurene Willis</u>			PHONE: <u>272-3238</u>								
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APPROVED: <u><i>[Signature]</i></u>			DATE: <u>9/08/05</u>								

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